

PECFA FINANCIAL STATEMENT

Submitted for Waiver of Deductible

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].
This form is to be submitted with the Application for Waiver of PECFA Deductible form (ERS-10756) to the address listed above.

COMMERCE NUMBER: _____ - _____ - _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

INCOME: (per=weekly, monthly etc.)

Your Gross Salary or Wages
\$ _____ per _____

Pension or Disability
\$ _____ per _____

Spouse Gross Salary/Wages if employed
\$ _____ per _____

<u>Other Income Sources:</u>	<u>Amount</u>	<u>Per</u>
Interest Income:	_____	_____
Dividend Income:	_____	_____
Other:	_____	_____

ASSETS:

Personal Residence:
Own _____ Rent _____

Monthly Rent or Mortgage Payment:
\$ _____ Incl. taxes? yes or no

If own residence is it paid for?
Yes _____ No _____

If residence is not paid for, list mortgage holder/city/state:

Mortgage balance owed:
\$ _____

List market value of residence: \$ _____ (attach copy of most current tax bill)

Do you own or have interest in any other real estate? Yes _____ No _____ (If "yes", answer questions below.)

<u>Description of Real Estate</u>	<u>City/County Location</u>	<u>Market Value</u>	<u>Own with others? Whom?</u>

List all financial institutions you and/or your spouse have cash investments in: (type=checking, savings etc.)

<u>Institution Name</u>	<u>Address, City & State</u>	<u>Dollar Amount</u>	<u>Type</u>

List any stocks, bonds, options, notes, or other like property in which you or your spouse have an interest:

<u>Description</u>	<u>Value</u>	<u>Owner Name(s)</u>

Do you have a vested interest in a pension or profit sharing plan? Yes_____ No_____ (If "yes", please list below.)

<u>Name of Plan and Address</u>	<u>Dollar Value</u>

List all vehicles, including motorcycles, boats, snowmobiles, trailers, recreation vehicles and all terrain vehicles:

<u>Year</u>	<u>Description</u>	<u>Value</u>	<u>Owner(s)</u>

List other items of personal property which exceed \$500.00 in value which you or your spouse have an interest:

<u>Description of Items</u>	<u>Value</u>	<u>Owner(s)</u>

EXPENSES:

List **ALL** your monthly expenses:

<u>Description</u>	<u>Mo. Amt.</u>	<u>Description</u>	<u>Mo. Amt.</u>
Rent/Mortgage Payment		Insurance (Medical, Auto etc.)	
Utilities		Medical/Medicine	
Food		Clothing	
Auto/Transportation		Entertainment	

LIABILITIES:

List all liabilities of yourself and your spouse which have not been discharged in a bankruptcy:

<i>Description/Owed to/City/State</i>	<i>Amount owed</i>	<i>Payment amt./List if mo./wk.</i>

Have you ever declared bankruptcy? Yes _____ No _____ If "yes", when? _____
Are you delinquent in any payment of taxes? Yes _____ No _____ If so, explain:

I hereby certify that to the best of my knowledge and belief, this represents a full and accurate disclosure of my assets and liabilities as of the date signed below.

Signature

Date

Signature

Date